

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	ME: on		04-01-01
O.I.P.E. CLASSIFIER		49	4/26/01
FORMALITY REVIEW	BZ	TC-3-283	06-01-01
RESPONSE FORMALITY REVIEW	MD	JCAR	09/15/01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final Original	
1	04/27/01
2	0
3	0
4	0
5	✓
6	✓
7	✓
8	✓
9	0
10	✓
11	0
12	✓
13	0
14	✓
15	✓
16	0
17	0
18	0
19	0
20	✓
21	0
22	0
23	0
24	0
25	0
26	0
27	0
28	0
29	0
30	0
31	0
32	0
33	0
34	0
35	0
36	✓
37	0
38	✓
39	0
40	✓
41	✓
42	✓
43	0
44	0
45	0
46	✓
47	✓
48	✓
49	0
50	✓

Claim	Date
Final Original	
51	04/27/01
52	0
53	0
54	0
55	0
56	0
57	0
58	0
59	0
60	0
61	0
62	0
63	0
64	0
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90	0
91	0
92	0
93	0
94	0
95	0
96	0
97	0
98	0
99	0
100	0

Claim	Date
Final Original	
101	0
102	0
103	0
104	0
105	0
106	0
107	0
108	0
109	0
110	0
111	0
112	0
113	0
114	0
115	0
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132	0
133	0
134	0
135	0
136	0
137	0
138	0
139	0
140	0
141	0
142	0
143	0
144	0
145	0
146	0
147	0
148	0
149	0
150	0

If more than 150 claims or 10 actions
 staple additional sheet here

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Best Available Copy

10/1/01
 10/1/01
 10/1/01